

SEDGWICK COUNTY BOARD OF ZONING APPEALS VARIANCE

INSTRUCTIONS FOR FILING AN APPLICATION

1. An application for a variance must be signed by all property owners or by the authorized agent(s) of such owners.
2. The applicant must submit a certified listing from an abstract company of the names and current mailing addresses (including zip codes) of all owners of the application, as well as all property within an area twice the distance of the frontage of the application area. This distance must be at least 200 feet, but not more than 1,000 feet.
3. The applicant must submit a written statement outlining in detail the manner in which it is believed that this application will meet the following criteria:
 - a. That the variance requested arises from condition which is unique to the property in question and which is not ordinarily found in the same zone or district; and is not created by an action of the property owner or the applicant;
 - b. That the granting of the permit for the variance will not adversely affect the rights of adjacent property owners or residents;
 - c. That the strict application of the provisions of the Zoning Code from which a variance is requested will constitute unnecessary hardship upon the property owner represented in the application;
 - d. That the variance desired will not adversely affect the public health, safety, morals, order, convenience, prosperity, that general welfare, or the harmonious development of the City or County, as the case may be; and
 - e. That granting the variance desired will not be opposed to the general spirit and intent of the Zoning Code.

Applications will not be accepted without written justification of these five factors.

4. The applicant must submit a sketch in triplicate, on paper no larger than 11" x 17", drawn to scale and showing the lot or lots included in the application, the structures existing thereon, and the structures contemplated necessitating the variance requested. All appropriate dimensions should be included and any other information which would be helpful to the Board of Zoning Appeals in consideration of the application. The sketch shall be of sufficient quality and darkness to permit reproductions by copy machine.

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5. The above-listed documents shall be submitted together with the required fee. The fee should be made by check, payable to the City of Wichita, which acts as agent for the Board of Zoning Appeals. The following is the fee schedule:

Residential Use	\$380 + \$28/additional zoning lot
Additional Variance on same lot	\$110
Non-residential Use	\$550 + \$28/additional zoning
Lot	
Additional variance on same lot	\$165
Modified Site Plan Review	\$85
Time Extension for BZA Conditions	\$55

6. In accordance with the Sign Policy adopted by the Board of Zoning Appeals, the applicant shall be responsible for posting zoning adjustment signs on the application site. The fee per single face sign is \$3. See Sign Policy for instructions on how, where, and when to post signs.
7. All documents and the fee shall be submitted to the Sedgwick County Board of Zoning Appeals, %Metropolitan Area Planning Department, City Hall 10th Fl., 455 N. Main St., Wichita, KS 67202-1688, before 4:00 p.m. on the designated closing date, as established by the Board. Incomplete applications will be returned to the applicant.
8. Applicants are advised not to engage *inex parte* communication with the Members of the Board of Zoning Appeals. All materials and communication prior to the public hearing shall be directed to the Secretary, who shall cause such to be entered into the official record on the variance request.
9. The regular meeting date of the Board of Zoning Appeals is the first Tuesday of each month at 3:30 p.m. in the County Commission Room, 3rd Floor, Sedgwick County Courthouse, 525 N. Main, Wichita, KS. Alternate meeting dates may be scheduled upon approval of the Board.
10. Any person, official, or governmental agency dissatisfied with any order or determination of the Board of Zoning Appeals may bring an action within 30 days in the District Court of Sedgwick County to determine the reasonableness of any such order or determination.

APPLICATION

This form **MUST** be completed and filed at the Planning Department, Tenth Floor, City Hall, 455 N. Main St., Wichita, KS, 67202 in accordance with directions on the accompanying instruction sheet. **AN INCOMPLETE APPLICATION CANNOT BE ACCEPTED.** Check the appropriate box below for type of application being submitted. A separate application form and filing fee is required for each application. A preapplication conference with the planning staff is recommended before filing this application.

SECTION I

This property is located within: Wichita Sedgwick County (unincorporated)

Metropolitan Area Planning Commission:

Zone Change: From zoning district: to

Planned Unit Development: Approval Amendment to PUD Adjustment to PUD

Community Unit Plan: Approval Amendment to CUP Adjustment to CUP

Protective Overlay: Approval Amendment to PO Adjustment to PO

Conditional Use: To allow: zone district:
Adjustment to approved site plan. CU No.

Vacation of: zone district:
(Use a separate sheet for legal description, if necessary.)

Administrative Permit: To allow: zone district:

Board of Zoning Appeals:

Variance: To allow: zone district:

Appeal of: zone district:

Zoning Adjustment: To allow: zone district:

SECTION II

1. The application area is legally described as Lot(s) ; Block(s) ,
Addition, (Wichita) Sedgwick County, KS. If appropriate, a metes and bounds
description may be attached.

2. The application area contains acres.

3. This property is located at (address) which is generally located
at (relation to nearest streets)

4. We file this request for the following reasons:

5. County control number:

6. The names of the owners of all property included in this application **MUST** be listed as applicants. Contract purchasers, lessees or others directly associated with the property may also be listed if they desire to be advised of the proceedings. (Use a separate sheet for additional applicants if needed.)

A.	APPLICANT ADDRESS	PHONE ZIP CODE
	AGENT ADDRESS	PHONE ZIP CODE
B.	APPLICANT ADDRESS	PHONE ZIP CODE
	AGENT ADDRESS	PHONE ZIP CODE
C.	APPLICANT ADDRESS	PHONE ZIP CODE
	AGENT ADDRESS	PHONE ZIP CODE

7. We acknowledge receipt of the instruction sheet explaining the method of submitting this application. We realize that this application cannot be processed unless it is completely filled in; is accompanied by a current abstractor's certificate as required in the instruction sheet; and is accompanied by the appropriate fee. We further certify that the foregoing information is true and correct to the best of our knowledge. We acknowledge that the MAPC, Governing Body, or Board of Zoning Appeals shall have authority to impose such conditions as it deems necessary in order to serve the public interest and welfare.

_____	By	_____
Applicant's Signature		Authorized Agent (If Any)
_____	By	_____
Applicant's Signature		Authorized Agent (If Any)
_____	By	_____
Applicant's Signature		Authorized Agent (If Any)

The Petition must bear the signature(s) of the property owner(s). If an authorized agent signs on the owner's behalf, the agent shall sign his own name and attach the owner's written notarized authorization to this application.

FOR OFFICE USE ONLY

Map _____ Zoning (N) _____ (S) _____ (E) _____ (W) _____ MAPC/BZA _____ Township _____
Council/Commission District _____ DAB _____ Sm. City PC _____
NA/HOA _____
Date _____ Fee _____ Received By _____

Required Documents:

☐ Ownership List ☐ BZA Justification ☐ Legal Description ☐ Vacation Petition ☐ Site Plan ☐ Signs